Marce

09274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA RURAL
STREET ADDRESS (If rural, give location) ROUTE 3 ✓

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) (Last) ANDERSON
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 20 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 12/3/'08
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BILLING CLERK
10b. KIND OF BUSINESS OR INDUSTRY GROCERY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EARL ANDERSON
14. MOTHER'S MAIDEN NAME Adeline Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS. DOROTHY ANDERSON (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Heart Disease	4 years
95 c	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophic Heart Disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Sept, 1950, to 20 Sept, 1950, that I last saw the deceased alive on 19 Dec, 1950, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Marcy (Degree or title) Mtn ADDRESS Oakland Md DATE SIGNED 20 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Sept. 20. 50 NAME OF CEMETERY OR CREMATORY Terra Alta LOCATION (City, town, or county) Terra Alta. W.Va. (State)

DATE REC'D BY LOCAL REG. 9-20-50 REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR A. F. Collins ADDRESS Terra Alta. W.Va.

26661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09275

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland — LENGTH OF STAY (In this place) 15 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print): (First) Lee (Middle) McComas (Last) Bernard
4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2/23/1879	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME: Norman Bernard
14. MOTHER'S MAIDEN NAME: Mollie Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	214-12-3500	Lee Bernard - Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis-left leg	?
911.0 / 195e	(c) Fracture left tibia & fibula	3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Garage at Home	Loch Lynn	Garrett	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Sept 4-1950 8 p.m.		Struck leg against bumper of car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
C. L. Saunders M.D. — Oakland Md. — 9/7/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/1950	Pleasant Valley Cem.	Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10-1950	Julia C. Rowan	Herbert C. Leighton	Oakland, Md.

000 VV

RECEIVED
SEP 30 1960
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09276

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Center Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Center Street

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) ---- (Last) Currie

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/17/1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maryland State Police

10b. KIND OF BUSINESS OR INDUSTRY: State Road Patrol

11. BIRTHPLACE (State or foreign country): Scottland

12. CITIZEN OF WHAT COUNTRY: Scottland

13. FATHER'S NAME: Thomas Simpson Currie

14. MOTHER'S MAIDEN NAME: Allison Fairbairn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): First W W

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Louise Currie Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 yrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arteriosclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Crushing Injuries L shoulder (right) — 1931

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1945, to Sept, 1950 that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Baumgartner M.D. ADDRESS Oakland Md. DATE SIGNED 9/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/29/1950
NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 9/29/50
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

60498

RECEIVED
SEP 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09277

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett County Memorial Hosp)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburgh
STREET ADDRESS (If rural, give location): Ormond Street.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joshua		Davis	9- 1-1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	white	Single	2-7-1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant	Grocery Store	Wales	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ebenezer Davis	Margaret Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs. Edward Davis. Frostburgh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia Lobar	5-days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis Cardio Vascular disease	10-yrs
	(c)	

422.1
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-1-, 1950, to 9-1-, 1950, that I last saw the deceased alive on 9-1-, 1950, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Harley M.D. Terra Alta. W.VA.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-1950	Frostburgh Mem'l Park	Frostburgh. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9-4-50	Julia A. Rowan	J.R. Durst, Frostburgh. Md.

15661

RECEIVED
SEP 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09278

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Garrett — McHenry, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Arthur	(Last) Garfield Glotfelty.	4. DATE OF DEATH	(Month) 9	(Day) 10	(Year) 1950		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 8/3/1880	9. AGE last birthday: 70 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of a Farm	10b. KIND OF BUSINESS OR INDUSTRY: Retired	11. BIRTHPLACE (State or foreign country): McHenry, Maryland.	12. CITIZEN OF WHAT COUNTRY?: U.S.A.						
13. FATHER'S NAME: Thaddeus Glotfelty		14. MOTHER'S MAIDEN NAME: Margaret Fratz.							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Roy Glotfelty, McHenry, Md.							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	10 hrs
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Fever	3 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1947, to Sept 10, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. Nance	MD	Oakland Md	11 Sept 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/12/1950	Thayerville Cemetery	Thayerville, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-1950	Julia A. Rowan	Emroy D. Bolden	Oakland, Maryland

RECEIVED
SEP 30 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

09279

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) YODER (Last) HERSHBERGER
4. DATE OF DEATH (Month) Sept (Day) 12 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr 29, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Summit Mills, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eli C. Yoder
14. MOTHER'S MAIDEN NAME Dora E Hostetler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr Menno Hershberger - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of Stomach

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1949, to Sept 12, 1950, that I last saw the deceased alive on Sept 11, 1950 and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE C C Glass (Degree or title) M.D. ADDRESS Meyersdale Pa DATE SIGNED 9/12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 15, 1950
NAME OF CEMETERY OR CREMATORY Niverton Cemetery
LOCATION (City, town, or county) Salisbury, RD# 1 (State) Pa.
DATE REC'D BY LOCAL REG. Sept-14/50
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterbelg ADDRESS Grantsville, Md.

RECEIVED
SEP 18 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09280

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garret — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keysers Riser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garret
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna. (Middle) Josephine (Last) Kengle
4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 9, 1863
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME: Michael Fallon
14. MOTHER'S MAIDEN NAME: Anna Mullan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Marty Flynn Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-Vascular Accident — 15 days

422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Jan, 1949, to 26 Sept, 1950, that I last saw the deceased alive on 26 Sept, 1950, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M. D Oakland, Md. 26 Sept 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/29/50
NAME OF CEMETERY OR CREMATORY: S. S. Peter & Paul
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: 9/29/50
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR ADDRESS: H. Wayne George Cumb. Md.

RECEIVED
SEP 30 1950
BUREAU V. S

09281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MD.
LENGTH OF STAY (in this place) 9 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CUPPETT CONVESLANT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JENNINGS MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) May (Last) KESNER
4. DATE OF DEATH (Month) SEPT (Day) 26 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 1-15-1883
9. AGE last birthday 67 yrs. If under 1 year: Months 8 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) New Market Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George A. Shope
14. MOTHER'S MAIDEN NAME Sarah S. Olinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT BENJAMINE KESNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arterio-sclerotic cardio vascular Disease ? (3 years)

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Early Senility & Epilepsy — 2 years

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 June, 1948, to 22 Sept, 1950, that I last saw the deceased alive on 22 Sept, 1950, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE Thomas I. Lusby (Degree or title) M.D. ADDRESS Oakland, Md DATE SIGNED 26 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9-29-50
NAME OF CEMETERY OR CREMATORY GRANTSVILLE CEMETERY
LOCATION (City, town, or county) (State) GRANTSVILLE, GARRETT CO, MD

DATE REC'D BY LOCAL REG. 9-29-1950
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Wm A Winterberg ADDRESS GRANTSVILLE, MD

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950
1883
67

RECEIVED
SEP 30 1950
BUREAU V. S

09282

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: GRANT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BAYARD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELIZA (Middle) (Last) LIKENS

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 22, (Year) 19 50

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: about 1880

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: JOHN GAY

14. MOTHER'S MAIDEN NAME: SARAH DAWSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: DARCIE COSNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Cerebro-vascular accident	4 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Art. C.V.D.	? years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma & Bronchitis — ? years

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18 19 50, to Sept. 22, 19 50, that I last saw the deceased alive on Sept. 22, 19 50, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas F Leahy M. D. — ADDRESS: Oakland, Maryland — DATE SIGNED: Sept 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 24/50 — NAME OF CEMETERY OR CREMATORY: Bayard Cemetery — LOCATION (City, town, or county) (State): Bayard W Va

DATE REC'D BY LOCAL REG.: 9-24-1950 — REGISTRAR'S SIGNATURE: Julia A Kamer

24. FUNERAL DIRECTOR: Emroy Bolden — ADDRESS: Oakland, Maryla

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SEP 30 1950
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09283

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident, Rural
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident, Rural, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) OTILLIE (Last) MALLAU

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 2, 1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Accident, RD, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles C Hamft

14. MOTHER'S MAIDEN NAME: Anna Oester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Rudolph Mallau - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Chronic Myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1945, to Sept 6, 1950, that I last saw the deceased alive on Sept 6, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Davis M.D. Grantsville Md. Sept 8 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 11, 1950 | NAME OF CEMETERY OR CREMATORY: Cove Cemetery | LOCATION (City, town, or county) (State): Accident, RD, Md.

DATE REC'D BY LOCAL REG.: Sept-9-1950 | REGISTRAR'S SIGNATURE: Ethel Broadwater | 24. FUNERAL DIRECTOR: Wm Wintersberg | ADDRESS: Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

09284

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9-168

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 40 — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frostburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Star Route [redacted]
STREET ADDRESS (If rural, give location) Frostburg, Md

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Calhoun (Last) Michaels

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 22 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Star Route Route 40. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Michaels

14. MOTHER'S MAIDEN NAME: Callie Michaels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs E.C. Michaels Star Route 40 Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 day

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1950, to 9-18, 1950, that I last saw the deceased alive on 9-18, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Diehl, M.D. Frostburg, Md. 9/19/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-21-1950 — NAME OF CEMETERY OR CREMATORY: M.E. Bantz Cemetery — LOCATION (City, town, or county) (State): Garrett County Md

DATE REC'D BY LOCAL REG. 9-21-50 — REGISTRAR'S SIGNATURE: Mrs. Julius McLaughlin

24. FUNERAL DIRECTOR: Jacob Hoffman — ADDRESS: Frostburg, Md.

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SEP 23 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

09285

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANTSVILLE MD
LENGTH OF STAY (In this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRANTSVILLE MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) H (Last) Miller
4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 6-4-1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) R.D.1 Grantsville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harvey H. Miller
14. MOTHER'S MAIDEN NAME Elizabeth Gingerich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Ed Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

974X Immediate cause (a) Suicide by hanging - naughty

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ms strangulation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm of Ha Engel
(CITY OR TOWN) near Grantsville (COUNTY) Garrett (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 16 1950 8:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hanged himself in barn

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE E. I. Baumgartner MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 9/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-18-1950
NAME OF CEMETERY OR CREMATORY Grantsville
LOCATION (City, town, or county) Grantsville (State) Md

DATE REC'D BY LOCAL REG. Sept-18-1950
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

866VV

RECEIVED
SEP 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09286

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett County Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park
STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) SCOTT (Last) SKIPPER

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 20 Sept. 1950

9. AGE last birthday: 1 Day yrs. — If under 1 year: Months — Days: 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Robert Scotty Skipper

14. MOTHER'S MAIDEN NAME: Betty Elizabeth Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mother, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.0 **Immediate cause** (a) Probable subdural hematoma — Interval between onset and death: 1 day

160a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sept., 1950, to 21 Sept., 1950, that I last saw the deceased alive on 21 Sept., 1950, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE: Thomas A. Lusby (Degree or title) MD — ADDRESS: Oakland, Md. — DATE SIGNED: 21 Sept. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/22/1950 — NAME OF CEMETERY OR CREMATORY: Marshall Friend, Cem. — LOCATION (City, town, or county) (State): Near Oakland, Md.

DATE REC'D BY LOCAL REG.: 9/22/50 — REGISTRAR'S SIGNATURE: Julia L. Rowan — 24. FUNERAL DIRECTOR: Envoy D. Bolden — ADDRESS: Oakland, Md.

20-9-20-0 30-1-40-5

RECEIVED
SEP 30 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09287

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STEYER (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Murray (Middle) (Last) WILT

4. DATE OF DEATH: (Month) (Day) (Year) September, 30, 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-5-1893

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wilt

14. MOTHER'S MAIDEN NAME: Jane Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 232-03-2656

17. INFORMANT AND ADDRESS: Mrs. Murry Paugh, Mt. Lake Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Concussion, severe	14 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Possible depressed fracture, left parieto-temporal region	14 hours
	(c)	

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175e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: working in Woods Near Steyer, Garrett Co. Maryland.
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept, 29, 1950 11-30 A.M.
INJURY OCCURRED While at Work YES / Not While At work ☐
HOW DID INJURY OCCUR? Limb from tree hit him on the head

22. I hereby certify that I attended the deceased from Sept, 29, 1950, to Sept, 30, 1950, that I last saw the deceased alive on Sept, 30, 1950 and that death occurred at 2-A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas 2 Bushy M. D.
(acting Medical Examiner)
ADDRESS: Oakland, Maryland.
DATE SIGNED: Sept, 30, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 10-2-1950
NAME OF CEMETERY OR CREMATORY: Thayerville, Cemetery
LOCATION (City, town, or county) (State): Thayerville Md.

DATE REC'D BY LOCAL REG. 10- 2-1950
REGISTRAR'S SIGNATURE: Julia A Rowan
24. FUNERAL DIRECTOR: Mary D. Bolden
ADDRESS: Oakland Md

98804

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 18 1950
BUREAU V. S